UNITED STATES PATENT & TRADEMAPK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2 Serial/Patent # 10/518032						
3 Please refund the following fee(s):		e(s):	4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
Filing		/		12/14/04	\$ 100	
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal					\$
	Petition					\$
	Issue					\$
	Cert of Correction/Termina	l Disc.				\$
	Maintenance					\$
	Assignment					\$
	Other					\$
			7 TOTAL AMOUNT OF REFUND \$			\$ 100
<u></u>			8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check				
	Overpayment			_ c	redit Dep	osit A/C #:
	Duplicate Payment			9	114	1140
	No Fee Due (Explanation):					
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: H JOHNSON TITLE: Auralegal						
700 000						
SIGNATURE: PHONE: PHONE:						
OFF:	*****	/ *****	****	***	*****	*****
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						
13						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B